

FILED

2008 MAR 28 PM 2:36

CLERK US DISTRICT COURT  
SOUTHERN DISTRICT OF CALIFORNIABY Rm DEPUTY

PLAINTIFF/PETITIONER/MOVANT'S NAME

PRISON NUMBER

PLACE OF CONFINEMENT

ADDRESS

2254	1983	<input checked="" type="checkbox"/>
FILING FEE PAID		
Yes	No	<input checked="" type="checkbox"/>
HFP MOTION FILED		
Yes	No	<input checked="" type="checkbox"/>
COPIES SENT TO		
Court	ProSe	<input checked="" type="checkbox"/>

United States District Court  
Southern District Of California

'08 CV 0591 W JMA

Civil No.

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

Plaintiff/Petitioner/Movant

MOTION AND DECLARATION UNDER  
PENALTY OF PERJURY IN SUPPORT  
OF MOTION TO PROCEED IN FORMA  
PAUPERIS

I, KHA, DO  
 declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)

If "Yes," state the place of your incarceration wasco state prison

Are you employed at the institution? ☐ Yes ☒ No

Do you receive any payment from the institution? ☐ Yes ☒ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. None

None

None

None

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. None

None

None

None

3. In the past twelve months have you received any money from any of the following sources?:

- |   |                              |  |
|---|------------------------------|--|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance          | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Gifts or inheritances                          | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| g. Spousal or child support                       | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| h. Any other sources                              | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. None

None

None

4. Do you have any checking account(s)? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): None

b. Present balance in account(s): None

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): None

b. Present balance in account(s): None

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

a. Make: None Year: None Model: None

b. Is it financed? ☐ Yes ☒ No

c. If so, what is the amount owed? None

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION  
(Incarcerated applicants only)

(This form MUST be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, \_\_\_\_\_, request and authorize the agency holding me in  
(Name of Prisoner/ CDC No.)  
custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either ☐ \$150 (civil complaint) or ☐ \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

3/18/08

DATE

Khae

SIGNATURE OF PRISONER

I, KHA DO

DECLARE UNDER PENALTY THAT

I AM THE Petitioner IN THE ABOVE ENTITLED ACTION. I AM SENDING THE FOREGOING DOCUMENTS AND KNOW THE CONTENTS THEREOF, TO BE TRUE EXCEPT AS TO MATTERS STATED THEREIN UPON INFORMATION AND AS TO THOSE MATTERS I BELIEVE THAT THEY ARE TRUE.

EXECUTED THIS 18<sup>th</sup> DAY OF march, 2008, AT WASCO STATE PRISON, WASCO, CALIFORNIA 93280

x Kha  
SIGNATURE OF DECLARANT/PRISONER

PROOF OF SERVICE BY MAIL

(C.E.P. section 1013(a) & 2015.5; 2U.S.C.A. section 1746)

I, KHA DO AM A RESIDENT OF WASCO STATE PRISON, STATE OF CALIFORNIA: I AM OVER EIGHTEEN (18) YEARS AND AM/ARE THE DEFENDENT IN THE ABOVE ENTITLED ACTION. MY STATE PRISON ADDRESS IS: P.O. Box 4400 WASCO, CALIFORNIA 93280

EXECUTED THIS 18<sup>th</sup> DAY OF MARCH, 2008, I SERVED THE FOREGOING:

Complaint under the Civil Rights Act 42 U.S.C. 1983  
(SET FORTH EXACT TITLE OF DOCUMENTS SERVED)

ON THE PARTIES HEREIN BY PLACING A TRUE COPY(S) THEREOF ENCLOSED IN A SEALED ENVELOPE WITH POSTAGE THEREON FULLY PAID, IN THE UNITED STATES MAIL. IN A DEPOSIT BOX AT WASCO STATE PRISON, WASCO, CALIFORNIA 93280 OR WAS PICKED UP BY CORRECTIONS IN CHARGE OF PICKING UP MAIL ADDRESSED AS FOLLOWS:

United States District Court  
Southern District of California  
880 Front Street Rm. 4290  
San Diego, CA 92101-8900

THERE IS MAIL SERVICE BY UNITED STATES MAIL AT THE PLACE SO ADDRESSED AND THERE IS REGULAR COMMUNICATION BY MAIL BETWEEN THE PLACE SO ADDRESSED

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE.

DATED: 3-18, 08

x Kha  
SIGNATURE OF DECLARANT/PRISONER

Plaintiff's Name: RHH, DO  
CDC No: V25745-A-2-236  
Address: P.O. BOX 4400

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA

VS.

DAVITA DIRECTOR

DEPARTMENT OF CORRECTIONS MEDICAL

Defendant(s).

CASE NUMBER:

I, KHA, DO, declare that I am the plaintiff in the above-entitled proceeding; that, in support of my request to proceed without prepayment of fees under 28 U.S.C. section 1915, I declare that I am unable to pay the fees for these proceedings or give security therefor and that I am entitled to the relief sought in the complaint.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "no" DO NOT USE THIS FORM)

If "yes" state the place of your incarceration. WASCO STATE PRISON

Have the institution fill out the Certificate portion of this application and attach a certified copy of your prison trust account statement showing transactions for the past six months.

2. Are you currently employed (includes prison employment)?      Yes      No

a. If the answer is "yes" state the amount of your pay. NONE

b. If the answer is "no" state the date of your last employment, the amount of your take-home salary or wages and pay period, and the name and address of your last employer.

3. Have you received any money from the following sources over the last twelve months?

a. Business, profession, or other self-employment:    Yes    No

b. Rent payments, interest or dividends:      Yes   /   No

c. Pensions, annuities or life insurance payments:      Yes      No ☒

d. Disability or workers compensation payments:      Yes      No ☒

e.. Gifts or inheritances:

☐ Yes☒ No

f. Any other sources:

☐ Yes☒ No

If the answer to any of the above is "yes," describe by that item each source of money. Also state the amount received and what you expect you will continue to receive. Please attach an additional sheet if necessary.

4. Do you have cash (includes balance of checking or savings accounts)? ☐ Yes ☒ No

If "yes" state the total amount: NONE

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "yes" describe the property and state its value: NONE

6. Do you have any other assets? ☐ Yes ☒ No

If "yes," list the asset(s) and state the value of each asset listed:

7. List all persons dependent on you for support, stating your relationship to each person listed and how much you contribute to their support. NONE

I hereby authorize the agency having custody of me to collect from my trust account and forward to the Clerk of the United States District Court payments in accordance with 28 U.S.C. section 1915(b)(2).

3/4/08/  
DATE

[Signature] 3/4/08/  
SIGNATURE OF APPLICANT

### CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 3.81 on account to his/her credit at WASCO State Prison - Re (name of institution). I further certify that during the past six months, the applicant's average monthly balance was \$ 200.00. I further certify that during the past six months, the average of monthly deposits to the applicant's account was \$ 41.66.

(Please attach a certified copy of the applicant's trust account statement showing transactions for the past six months).

3-20-08  
DATE

Augustine J. [Signature]  
SIGNATURE OF AUTHORIZED OFFICER

(Form Last Revised 09/18/03)

REPORT ID: TS3030' .701

REPORT DATE: 03/06/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS  
 WASCO STATE PRISON  
 INMATE TRUST ACCOUNTING SYSTEM  
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: SEP. 01, 2007 THRU MAR. 06, 2008

ACCOUNT NUMBER : V25745  
 ACCOUNT NAME : DO, KHA  
 PRIVILEGE GROUP: A

BED/CELL NUMBER: FAB200000000236U  
 ACCOUNT TYPE: I

## TRUST ACCOUNT ACTIVITY

TRAN	DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
	09/01/2007		BEGINNING BALANCE					36.80
	09/04	D300	CASH DEPOSIT	1097/MR		100.00		136.80
	09/07	W521	FUND RAISER C	1202/PIZZA			10.73	126.07
	09/07	W401	DONATION-ALCO	1202/PIZZA			2.00	124.07
	09/17	FC01	DRAW-FAC 1	1347/FAC A			60.00	64.07
	10/15	FC01	DRAW-FAC 1	1855/A			54.00	10.07
	11/01	D300	CASH DEPOSIT	2201/MR		100.00		110.07
	11/19	FC01	DRAW-FAC 1	2479/A			90.00	20.07
	12/06	W521	FUND RAISER C	2770/FOOD			14.26	5.81
	12/06	W401	DONATION-ALCO	2770/FOOD			4.00	1.81
	12/17	FR01	CANTEEN RETUR	702979			2.00-	3.81
			ACTIVITY FOR 2008					
	02/14	D300	CASH DEPOSIT	4061/MR		50.00		53.81
	02/19	FC01	DRAW-FAC 1	4123/FAC A			50.00	3.81

## TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
36.80	250.00	282.99	3.81	0.00	0.00

CURRENT  
 AVAILABLE  
 BALANCE

3.81



THE WITHIN INSTRUMENT IS A CORRECT  
 COPY OF THE TRUST ACCOUNT MAINTAINED  
 BY THIS OFFICE.  
 ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY Angie J. Griffin  
 TRUST OFFICE

Acct Clerk HF